### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Items 3,9, FilmGl92 2-15-56 e	t		Reg.	Dist. No. 6
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECE	
COUNTY Garrett	MARYLAND	STATE Md.	COUNTY	Garrett
CITY (If outside corporate limits, write RURAL OR end give neasest lown) TOWN OALLAND	fin this place)  5 yrs	CITY (If outside corpored OR TOWN ACCIDE	ea limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing	Home	STREET ADDRESS	(if rurel give lo	cetion)
	wedlellan	(Lest) Alexander	4. DATE (Month) OF DEATH	(Day) (Year) 26 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED White (Specify)				UNDER 1 YEAR   IF UNDER 24 HE onths   Deys   Hours   Min
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if oR I retirad). AT INCE	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or foreign Accident, M	d 🛩	12. CITIZEN OF WHAT
13. father's NAME William Alexander		Elizabeth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of servica)	SOCIAL SECURITY NO.	Mrs. Pris	cille Beit	zell, Accider
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CES	1 1		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	7	0 /		/
DISEASE OR CONDITION CAUSING DEATH.  19a, DATE OF OPERATION  19b, MAJOR FINDINGS C	F OPERATION			20. AUTOPSY? YES NO P
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straef, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, fice bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town)	(County) (State)
		21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the decease alive on Aut 25 , 19 5 , and signature  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BUT121  Date Thereof  1/28/56	sed from Jan 1	ACREMATORY CEMETERY	uses and on the date ESS (Street, city, town, s  LOCATION (City, town, o  ACCIGENT	a stated above.  DATE SIGNE  - 26-5  r county)  Md -
24. REC'D RY REGISTRAR REGISTRAR'S SIGNATURE	Towanth	25. FUNERAL DIRECTOR'S S	Bolden	Oakland, Md.

### CERTIFICATE OF DEATH

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BUREAU V. S.

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# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		11.5
Reg.	Dist.	No, 6

a read or bearing		2. USUAL RESIDENC	E (HOME) OF D	ECEASED	
COUNTY Garrett	MARYLAND	state Mar ylan	d COUNTY	Garrett	
CITY (If outside corporete fimits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corpora	te limits, writa RURAL a	nd give nearest town)	
TOWN Rural	30 Yrs	TOWN Rural			
HOSPITAL OR	)0 110	STREET	(If rural giv	re location)	
institution or street address Frostburg R.D.#	2	ADDRESS			
	iddle)	(Lest)	stburg R.		
DECEASED			OF	nth) (Day)	(Year)
(Type or Print) Ivy Gold:		tner		an. o.	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED RACE WIDOWED, DIVO	RCED.	F BIRTH 9.	AGE last birthday	IF UNDER TYEAR	IF UNDER 24 HRS.
F White (Specify) Mari	ried Jan.	4, 1895	6 I yrs.	Months Deys	Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or foreign	country)		N OF WHAT
retired) Housewife	Home	Elk Garden,	W TIP	COUN	
13. FATHER'S NAME	1101110	1 14. MOTHER'S MAIDEN NA		1 0	. S.
John Bucklew		1 6			-
	SOCIAL SECURITY NO.	Martha S			
(Yes, no, or unk.) (If Yes, give wer or detes of service)		The state of the s	6 11		th o
NO	None	1971	Sillne	E) Il soul	burg ma
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION /		INTE	RVAL BETWEEN
11500	Marnal a			/	4:1111)
430.0 IMMEDIATE CAUSE (A)	1/	17-			every-
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	1 VIII AC	WIASK			140
GIVING RISE TO THE ABOVE CAUSE	A PUICO			1	-
STATING UNDERLYING CAUSE LAST. DUE TO				2007	/
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				1000	
198. DATE OF OPERATION   196. MAJOR FINDINGS OF	F OPERATION			20	O. AUTOPSY?
				YES	□ NO □
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, offi		1c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21e. It	NJURY OCCURRED :	21f. HOW DID INJURY OCCUR?			
M. et work				1	
22. I hereby certify that I attended the decease	ed from 1/1//	- 19 2 to MY	19.5%	that I last en	w the deceased
alive on					
SIGNATURE	dodni, occurred al.		ESS (Street, city, tow		e. DATE SIGNED
- Rum	THE M.D.	-//// V14	SNKC.	10-1	7/1 3/1
23. BURIAL, CREMATION, DATE/THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burial Jan. I2,56	Greenville	CEMETERY	Meyersdal	e R. DSo	m Co D-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 1	25 FUNERAL DIRECTOR'S SE		ADDRESS	
DATE / /11/56 Ethells	randerate	Stanland)	nallown	201	1. n
	Car Colo	THE THE STATE OF T	157 160100	~ mue	in which

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BUREAU V. S.

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIA

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### CERTIFICATE OF DEATH

		165
Reg.	Dist.	No. / 6 7-

Male white Wilowed Dec. 1, 1869 86 yrs. Months Days 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if reflered Farmer retired Own farm Garrett Co., Md. 112. CITIZEN COUNTR (Fig. 1) 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves., no, or unk.) (If Yes., give wer or detes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Were not unknown or unknown of the date stated above. 18. MEDICAL CERTIFICATION ONSET OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. (C) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE LAST. (C) (C) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH UND RELATED TO THE DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. (C) 12. ACCIDENT WAS UNDERLYING CAUSE (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
OR and give ancestal town) TOWN RUY al Grantsville, [in this place) TOWN RUY al Grantsville HOSPIAL OR HISTORION CO. STREET ADDRESS  (If rural give location)  DEATH Jan.  STREET ADDRESS  (If ural give location)  If ural give location (If ural give location)  DEATH Jan.  STREET ADDRESS  (If ural give location)  If ural give location (If ural give location)  DEATH Jan.  STREET ADDRESS  (If ural give location)  If ural give location (If ural give lo	
TOWN Rural Grantsville   Town Rural Rural Grantsville   Town Rural Rural Rural Grantsville   Town Rural Ru	
HOSPITAL OR SISTET ADDRESS  STREET ADDRESS  (If ruris give bestien)  STREET ADDRESS  (If ruris give bestien)  STREET ADDRESS  (If ruris give bestien)  (In the part of t	X
S. NAME OF (First) ROBERT HAMPTON BUTLER  S. SEX (COLOR OR 7. SINGLE MARRIED (Specify) WIGOWED, WORKED,	1
DECEASE PROBLEM AND BUTLER  S. SEX  G. COLOR OR RACE  Male  Mite  7. SINGLE MARRIED  (Specify) WIDOWED, DIVORCED, DIVOR	/
S. SEX 6. COLOR OR 7. SINGLE, MARRIED BUTLER 9. AGE lest birthdey if UNDER YEAR IN Male White 15 Sepacify) Widowed Dec. 1. 1869 86 971. Months Days 100. USUAL OCCUPATION (Give kind of work of work of the body o	(Yeer)
S. SEX  6. ACR OR S. SINGLE ARREDON SUDDENCED.  Male  7. SINGLE ARREDON SUDDENCED.  (Spacify) Widowed Dec. 1 1869  8. DATE OF BIRTH  9. ACE lest birthday Il UNDER YEAR IN UNDER YEAR IN MODIFY STATE	-1
Male white (Specify) Wildowed Dec. 1. 1869 86 yrs. Months Days  10s. USUAL OCCUPATION (Give kind of work done during most of verticing life, even it related) Farmer retired 01s. RIPLO OF BUSINESS OR INCOMES THE PROPERTY OF	1956 UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refleed)   101. KIND OF BUSINESS on KINDUSTRY OWN farm   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   19. MEDICAL CURRENT NO.   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   19. MEDICAL CERTIFICATION   19. MEDICAL CURRENT NO.   19. MAJOR FINDINGS OF OPERATION   19. MAJOR	Hours Min.
Tarrett Co., Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service)  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  10 DISEASES OR CONDITIONS, IF ANY, (B)  11 OTHER SIGNIFICANT CONDITIONS, IF ANY, (B)  12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  14 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  15 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  16 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  10 OTHER SIGNIFICANT CA	
13. FATHER'S NAME  John Butler  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)  (If Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  Mrs. Earl Burow, Grantsville  18. MEDICAL CERTIFICATION  INTERVONSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE  OR CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION AUSING DATH  19. DATE OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20.  YES  21. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSING DATH While of the Work o	7
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)  ID ISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ID ISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DIE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  GIVING RISE TO OPERATION  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH  OR CONTRIBUTING CAUSE of DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  TO NOTE THE DISEASE OR CONDITION CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  TO NOTE THE DISEASE OR CONDITION COURT (City or town)  (County)  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTION  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS DIRECTLY STREET CONTRIBUTION  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS DIRECTLY STREET CAUSES  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS DIRECTLY STREET CAUSES  TO THE DISEASE OR CONDITIONS ON THE CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS DIRECTLY STREET CAUSES  TO THE DISEASE OR CONDITIONS  TO THE DISEASE OR CONDITIONS ON THE CAUSE OR CONDITIONS  TO THE DISEASE OR CONDITIONS  TO THE DISEA	-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)  10. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  Mrs. Earl Burow, Grantsville  18. MEDICAL CERTIFICATION  19. MAIGCEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  (B)  GOVERNOR, SIE TO HE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST,  DUE TO  (C)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20.  210. ACCIDENT WAS UNDERLYING  OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  210. THE OF INJURY (Month) (Day) (Yeer) (Hour)  While Not while at square  ADDRESS (Street, city, town, steles)  D. M. D. LILLANDERS (	
(Yes, no, or unk.) (If Yes, give wer or detes of service)  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  211. PLACE (Home, farm, fectory, of FINDING SOF OPERATION)  222. I hereby certify that I attended the deceased from the own of while	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  COVUMENT  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20.  YES  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING   OF INJURY Street, office bidg., etc.)  22e. Thereby certify that I attended the deceased from	5 5
INMEDIATE CAUSE (A)  ONSET  DISEASES OR CONDITIONS, IF ANY,  GINNER RISE TO THE ABOVE CAUSE  (B)  DUE TO  COVERAGE  COVERAGE  TO  THE TO  DISEASES OR CONDITIONS, IF ANY,  GINNER RISE TO THE ABOVE CAUSE  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20.  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH  OF INJURY Street, Office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  M. et work   Not while of work   19p. MAJOR FINDINGS OF OPERATION  22. I hereby cartify that I attended the deceased from while of work   19p. Major Finding Cause (Sireet, city, town, stelee)   DATE OF CAUSE (Sireet, city, town, or county)  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  CONDITIONS	
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or lown)  (County)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21d. TIME OF INJURY (Month) (Day) (Year)  21d. TIME OF I	AL BETWEEN
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C)  If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20.  21e. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Stwork of While Stwork of Death Stwork of Street, clip, 195, that I last saw alive on	0 07
DISEASES OR CONDITIONS, IF ANY, (B)  JULY TO  GIVING RISE TO THE ABOVE CAUSE  LOCATION  TO THER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20c.  ACCIDENT WAS UNDERLYING  OF INJURY street, office bldg., etc.)  (FETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)  M. et work  alive on Addition, 195. and that death occurred at Addition, 195. that I last saw  alive on Addition, 195. and that death occurred at Addition, 195. and 1	Muchine
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20c. 21c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While   Not whi	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   TO THE DESCRIPTION   TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. YES  21e. ACCIDENT WAS UNDERLYING   OF INJURY Street, office bidg., etc.)  21e. The operation of Injury street, office bidg., etc.)  21e. ACCIDENT WAS UNDERLYING   OF INJURY street, office bidg., etc.)  21e. MERE DID INJURY OCCUR? (City or town)  (County)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) While   Not while   All work   Al	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20.  21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21e. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While at work alive on alive on and that death occurred at alive on and that death occurred at alive on ADDRESS (Street, city, town, stele)  22. I hereby certify that I attended the deceased from the causes and on the date stated above.  SIGNATURE  ADDRESS (Street, city, town, stele)  M. D. ADDRESS (Street, city, town, stele)  BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or codiny)  BURIAL CREMATION, PATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or codiny)  BURIAL CREMATION, REGISTRAR REGISTRAR'S SIGNATURE  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21e. MHERE DID INJURY OCCUR? (City or town)  (County)  (County)  (FETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day)  (Month) (Day)  (Year)  (Hour)  M. et work   21e. INJURY OCCURRED While   21f. HOW DID INJURY OCCUR?  While   Not while   21f. HOW DID INJURY OC	
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)	AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While at work at work 1955, that I last saw alive on alive on and that death occurred at 1955, from the causes and on the date stated above.  SIGNATURE  ADDRESS (Street, city, town, stele)  M. D. ADDRESS (Street, city, town, stele)  M. D. ADDRESS (Street, city, town, or codnity)  REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  ADDRESS (SIGNATURE COCATION (City, town, or codnity)  Grantsville Grantsville Grantsville, Garret  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  ADDRESS  COCATION (City, town, or codnity)  Contact of the cause and on the date stated above.  ADDRESS (Street, city, town, or codnity)  Grantsville Grantsville, Garret  ADDRESS	كميكا لـ
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work 21f. HOW DID INJURY OCCUR?  While Not while 1 attended the deceased from 1955, to 24f. 1955, that I last saw alive on 1955, to 24f. 1955, that I last saw alive on 1955, the deceased from 1955, to 24f. 1955, that I last saw alive on 1955, the deceased from 1955, the decease	(State)
22. I hereby certify that I attended the deceased from 1955, to 24, 1955, that I last saw alive on 24, 26, 1955, and that death occurred at 1:15 M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stele)  M.D. Kitywille Md  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  Burial  1/5/56  Grantsville  Crantsville  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  ADDRESS  CONSTRUCTION  CONSTRUCTION	
alive on 20, 20, 19.5. and that death occurred at 1.15.M, from the causes and on the date stated above.  ADDRESS (Street, city, town, stele)  M.D. Kityuller M.A.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial 1/5/56 Grantsville Grantsville, Garret  24. REC'D BY REGISTRAR REGISTRAR REGISTRAR'S SIGNATURE ADDRESS  ADDRESS (Street, city, town, stele)  DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or codnity)  REMOVAL (SPECIFY)  Burial 1/5/56 Grantsville Grantsville Grantsville, Garret  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS	
ADDRESS (Street, city, town, stell)  M.D. Kitywiller M.J.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  1/5/56  Grantsville  Crantsville, Garret  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  CONSTRAINS  CONSTRAI	he deceased
M.D. Pityulles Md Jaw 5  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial 1/5/56 Grantsville Grantsville, Garret  24. RC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL  1/5/56  Grantsville  Crantsville, Garret  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	TE SIGNED
Burial 1/5/56 Grantsville Grantsville, Garret  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  CONSTRUCTION OF THE PROPERTY OF THE PRO	-56
Burial 1/5/56 Grantsville Grantsville, Garret  24. RCC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  CONTROL OF THE PROPERTY	Md (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS	t Co.
DATE au 4/5 6 Ethe Bood water Congle Meuman Grantsvil	00.
	le.Md.
(//	,

CERTIFICATE OF DEATH

OTHER PLANS.

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BUREAU V. S.

Dec. 1919. 14

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 00604

### CERTIFICATE OF DEATH

	DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Garret	MARYLAND	STATE Maryland county Allegany	
OR end gi	ide corporate limits, write RURAL ve neerest tewn) Cakland	One Year	CITY (il outside corporete limits, write RURAL and give neerest town) OR TOWN Cumberland	02
HOSPITAL OR INSTITUTION STREET ADDRESS	or Weeks Nurs	ing Home	STREET (If rurel give location) ADDRESS 17. Valley Street	
3. NAME OF DECEASEI (Type or Print)	(First) Sarah	(Middle)	(Lest)  4. DATE (Month) (Dey) OF DEATH January 1	(
5. SEX Female		D DIVORGED		Hour
done during	PATION (Give kind of work nost of working life, even if OUSE WORK HO	b. KIND OF BUSINESS OR INDUSTRY OUSE (OWN)	11. BIRTHPLACE (State or foreign country)  Cumberland, Maryland  USA.	OF W
13. FATHER'S NA.		eman	14. MOTHER'S MAIDEN NAME Sarah Bucy	
	ED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.)	(If Yes, give war or detes of service)	None	Quinten Griffey, Ellerslie	VAL B
794XIM	CONDITIONS DIRECTLY LEADING TO D  MEDIATE CAUSE  CEDENT CAUSE(S)  DUE TO  NOTIONS, IF ANY, (B)	18. MEDICAL CE	5 of Old aga 5	da
	NDITIONS, IF ANY, (B) THE ABOVE CAUSE VING CAUSE LAST. (C)			
TO THE DEATH	ANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE NOTION CAUSING DEATH.			
19e. DATE OF OP		DINGS OF OPERATION	20. YES	AUTO
21e. ACCIDENT W	AS UNDERLYING 216. PLACE OF INJURY S	(Home, ferm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(St
OR CONTRIBUTING	IRY (Month) (Dey) (Yeer) (Hour)	21e, INJURY OCCURRED   While   Not while   et work   et work	21f. HOW DID INJURY OCCUR?	
(IF EITHER, NOTIFY	M.			the c

### DERTURICATE OF DEATH

THE RESIDENCE OF THE PROPERTY OF

RING NAL S. S. V. S. V. S.

00605

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 TAVAMINITADIO CIADMINICAMIA ON

		Reg.	Dist.	
	PHATE Y		11	1

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 102
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Garrett MARYLAND	stateMaryland county Garrett	4
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Rural Grantsville LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Rural Grantsville	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day)	(Year)
male white (Specify): Move Feb	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YI Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired); Woodsman cut posts		CITIZEN OF WHAT COUNTRY? J.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Eli Durst	Catherine Bittinger	
(Yes, no or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Calvin Durst, Grantsville, RD	)., Md.
18. MEDIC	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ED GUNSITOT WOUNDS	ONSET AND DEATH
Immediate cause  DUE TO TO ITEMS	AND CHEST	
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Nor CONTRIBUTING OF street, pince bldg., etc CAUSE OF DEATH.	"Wer Anall ville /2avett	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY Work I at work	That sill in - head or che	, <del>+</del>
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy [], Inspection [],	Inquiry [], and
find that death resulted from: Natural causes, Acci	ident  , Suicide , Homicide , Undeter.  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or cou	
REMOVAL (Specify): 1/17/56 Durst	Rural Grantsville G	errettCo.
DATE REC'D BY LOCAL REGISTRAR'S SCNATURE REG. 1/6/56 Fthis Cooperates	Honeld & lewman Grantsvi	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECEDVED

JAN 19 1656

BUREAU V. S.

The bottom copy may be re-ATTENDING PHYSICIA

executed within 24 hours after death.

M

### CERTIFICATE OF DEATH

COUNTY Garrett  MARYLAND  CITY (If outside corporate limits, write RURAL and give nearest town)  OR and give nearest town give nearest town)  TOWN Bloomington  HOSPITAL OR  HOSPITAL OR  STREET ADDRESS  3. NAME OF DECEASED (First)  OR COLOR OR  Floyd  Alvin Fazenbaker  Gazenbaker  Floyd  Floyd  Alvin Fazenbaker  Floyd  Alvin Fazenbaker  Floyd	COUNTY GPPett  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  CITY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give nearest lown)  COUNTY (If outside corporate limits, write RURAL and give localism)  COUNTY (If outside corporate limits, write RURAL and give localism)  COUNTY (If outside corporate limits, write RURAL and give localism)  COUNTY (If outside corporate limits, write RURAL and give localism)  COUNTY (If outside corporate limits, write RURAL and give localism)  COUNTY (If outside corporate limits, write RURAL and give localism)  County (If outside corporate limits, write RURAL and give localism)  County (If outside corporate limits, wr	1. PLACE OF DEATH		1 2. USUAL RE	SIDENCE (HO		. Dist. No.	
CITY (It outside zerporate limits, write RURAL and give nearest lown) OR and give neerest fown) TOWN Bloomington  NOSPITAL OR	CITY (If outside corporate limits, write RURAL OR and give nessest fown) TOWN Bloomington  ROSPITAL OR INSTITUTION OR STREET ADDRESS  9. NAME OF DECEASED (If the property of							1.
HOSPITAL OR NSTITUTION OR STREET ADDRESS (If rural give location)  NSTREET ADDRESS  NAME OF COURT OR ALVIN FAZENDAKEP  STREET ADDRESS  NAME OF COURT OR ALVIN F	TOWN Bloomington  HOSPITAL OR HOSPITAL HOSPITAL OR HOSPITAL HOS	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside	da corporate limits,		give nearest lown	)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (First)	HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (First)  Floyd Alvin Fazenbaker  4. Date (Month)  DEATH Jan 15  19  5. SEX 6. COLOR OR 7. SINGLE MARRIED, (Specifical price)  Male White (Specifical price)  102. USUAL OCCUPATION (Give kind of work done during more) dworking life, even if price)  103. USUAL OCCUPATION (Give kind of work done during more) dworking life, even if price)  104. USUAL OCCUPATION (Give kind of work done during more) dworking life, even if price)  105. KIND OF BUSINESS  ON INDUSTRY  OR ALL HITE ADDRESS  11. BIRTHPLACE (State or foreign country)  Shaw West Virginia  12. CITIZEN OF WH. OUNTRY?  US  13. FATHER'S NAME  George Fazenbaker  14. MONTHE'S MAIDEN NAME  Cappie Wise  15. WAS DECEASED EVER IN U. S. ARMED PORCES?  16. SOCIAL SECURITY NO.  236-03-2588  ANTECEABRY (18 Jungle Wise)  18. MEDICAL CERTIFICATION  ONSET AND D  STATING UNDERLYING CAUSE (AS)  ANTECEDENT CAUSE(S)  DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISASES OR CONDITIONS, IF ANY, GRIVING RISE TO THE ABOVE CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISASES OR CONDITIONS, IF ANY, GRIVING CAUSING DEATH  194. DATE OF OPERATION  195. DATE OF OPERATION  195. MAJOR FINDINGS OF OPERATION  196. MAJOR FINDINGS OF OPERATION  197. DATE OF OPERATION  198. DATE OF OPERATION  199. DATE OF OPERATION  191. DISPLAYED OF DATH  M. BIRTHER OF INJURY OCCUR?  While Now work and wor		1 00		Rloom	ington		×
DECEASED (Type or Print)  Floyd  Alvin  Fazenbaker  Significant Conditions, if any, (Single, Any, (Single, Markied, Prince)  10. SEX  Alvin  Fazenbaker  Face  Finder  Face  Finder  Face  Finder  Face  Finder  Face  Finder	DECEASED PRINT   Floyd   Alvin   Fazenbaker   DEATH   Jan 15   19    5. SEX   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speking) pried   9 Dec 1892   63   yrs.   Months   Days   Hours	HOSPITAL OR INSTITUTION OR	100 years		<u> </u>	(If rural give I	location)	1
Comparison   Floyd   Alvin   Fazenbaker   Death   Jan 15   19	Type or Print)    Floyd	3. NAME OF (First)	(Middle)	(Lest)			(Day)	(Yaar)
5. SEX 6. COLOR OR 7. SINGIE, MARRIED, White Subject of the subjec	5. SEX 6. COLOR OR RATERIED, WIDOWED, DIVORCED, Specifity PT 1ed 9 Dec 1892 63 yrs. Months Days Hours 196. WIDOWED, DIVORCED, Specifity PT 1ed 9 Dec 1892 63 yrs. Months Days Hours done during most of working life, even if reflied 10b. KIND OF BUSINESS and during most of working life, even if reflied 11ne?  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  Shaw. West Virgina 12. CITIZEN OF WH. COUNTRY?  Shaw. West Virgina 12. CITIZEN OF WH. COUNTRY?  Shaw. West Virgina 12. CITIZEN OF WH. COUNTRY?  II. BIRTHPLACE (State or foreign country)  Shaw. West Virgina 12. CITIZEN OF WH. COUNTRY?  Shaw. West Virgina 12. CITIZEN OF WH. COUNTRY?  II. MOTHER'S MAIDEN NAME  12. CITIZEN OF WH. COUNTRY?  Shaw. West Virgina 12. CITIZEN OF WH. COUNTRY?  II. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  Caprie Wise  15. WAS DECEASED EVER IN U. S. ARMED PORCES?  (Yes, no, or unk.) (If Yas, give war or dates of service)  236-03-2588  Mrs. Floyd Fazenbaker  INTERVAL BETV ONSET AND D  SAM ANTECOEDRI CAUSE (S)  DUE TO (C)  DISEASES OR CONDITIONS, IF ANY, (B)  US TO THE BOATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS AUSSE LAST. (B)  US TO THE BOATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS DEATH OF FINIURY (Month) (Dey) (Yaser) (Hour) Street, office bidg., etc.)  OR CONTRIBUTING CAUSE OF DEATH OF INJURY OCCUR?  While GIFTHER, NOTIFY MEDICAL EXAMINER)  210. AUTOPS  YES NO.  211. HOW DID INJURY OCCUR?  While III HOW DID INJURY OCCUR?  While III HOW DID INJURY OCCUR?  While III HOW DID INJURY OCCUR?	Comment of the second of the s	Alvin Fas	zenbaker			Jan 15	19 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR (NDUSTRY)  COAL Mine  11. BIRTHPLACE (State or foreign country)  Shaw, West Virginia  12. CITIZEN OF WH COUNTRY?  US  13. FATHER'S NAME  George Fazenbaker  14. MOTHER'S MAIDEN NAME  Carrie Wise  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If vs., give war or dates of service)  16. SOCIAL SECURITY NO.  236-03-2588  Mrs. Floyd Fazenbaker  18. MEDICAL CERTIFICATION  DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  GIVE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or town)  (County) (State Country of the pick of the mine) Country of the pick of the	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired)  10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  COAL VINE  11c. CHIZEN OF WH. COUNTRY?  11d. MOTHER'S MAIDE VIRGINIA  11d. MOTHER'S MAIDEN NAME  Cappie Wise  11d. MOTHER'S MAIDEN NAME  Cappie W		GLE, MARRIED, 8. DATE C		9. AGE le		IF UNDER 1 YEAR	IF UNDER 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Miner  13. FATHER'S NAME  George Fazenbaker  14. Mother's Maiden Name  George Fazenbaker  15. Was deceased ever in u. s. armed forces? (Yes, no, or unk.) (If yes, give war or dates of service)  16. Social Security No.  17. INFORMANT & ADDRESS  Wrs. Flovd Fazenbaker  18. MEDICAL CERTIFICATION  INTERVAL BET ONSET AND E  ANTICEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OC.  OC.  OC.  OC.  C.  C.  C.  C.  C.	10b. SUJAL OCCUPATION (Give kind of work done during most of working life, even if relied) 11nep 10b. KIND OF BUSINESS OR INDUSTRY COAL Nine Shaw. West Virginia 12. COUNTRY? US 13. FATHER'S NAME	Male White Sp	Married 9 De	ec 1892	63		Months Days	Hours
13. FATHER'S NAME  George Fazenbaker  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give war or dales of service)  16. SOCIAL SECURITY NO. 236-03-2588	13. FATHER'S NAME  GEORGE FAZENDAKEP  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give war or dates of service)  16. SOCIAL SECURITY NO.  236-03-2588  17. INFORMANT & ADDRESS  Blooming tom, interval betwoest And Deceased an		1 10b. KIND OF BUSINESS				12. CITIZE	N OF WHAT
13. FATHER'S NAME  George Fazenbaker  15. Was deceased ever in u. s. armed forces? (Yes, no, or unk.) (If Yas, give war or dates of service)  16. Social security no. (If Yas, give war or dates of service)  236-03-2588	13. FATHER'S NAME  George Fazenbaker  15. Was deceased ever in u. s. armed porces? (Yes, qo, or unk.) (If Yas, give war or dates of service)  16. SOCIAL SECURITY NO.  236-03-2588  17. INFORMANT & ADDRESS  Blooming top, Ind  By Floyd Fazenbaker  INTERVAL BETY ONSET AND D  STATING UNDERLYING CAUSE (AUSE TO THE ABOVE CAUSE TO THE ABOVE CAUSE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or town)  21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour)  21a. INJURY OCCURRED  While  Nother's Maiden Name  Captie Vise  17. INFORMANT & ADDRESS  Blooming top, Ind  The Address Blooming top, Ind  17a. INFORMANT & ADDRESS  Blooming top, Ind  17b. INFORMANT & ADDRESS  Blooming top, Ind  INTERVAL BETY ONSET AND D  INTERVAL BETY ONSET	raticael) 7. °	0 7 764	Shaw. We	st Virg	inia		
(If Yas, give war or dates of service)  236-03-2588  INTERVAL BET ONSET AND E  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  523. IMMEDIATE CAUSE (A)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State  (County)  (State  (County)  (State  (County)	(Yes, no, or unk.)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20c. AUTOPS YES NO  CONTRIBUTING CAUSE OF INJURY (Month) (Dey) (Yaer) (Hour) While at work at work in Work while at work at work.	13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME			
(Yes, qo, or unk.) (If Yas, give war or dates of service)  236-03-2588  INTERVAL BET ONSET AND E  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST,  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  (C)  (C)  (State  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	(Yes, go, or unk.)  (If Yas, give war or dates of service)  236-03-2588  INTERVAL BETY  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  523. IMMEDIATE CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) While at work   21f. HOW DID INJURY OCCUR?	George Fazenbaker						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  INTERVAL BET ONSET AND E  STATING UNDERLYING CAUSE (A)  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOP YES \( \) NO  OR CONTRIBUTING \( \) CAUSE OF DEATH (FINDINGS OF OPERATION (County) (State of Contributing Operations) (County)	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  INTERVAL BETY ONSET AND D  ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE LAST, (C)  If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES NO  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yser) (Hour) Whila at work   21f. HOW DID INJURY OCCUR? Whila at work   21f. HOW DID INJURY OCCUR?			17. INFORMA	ANT & ADDRESS	Bloom	nington	. MA.
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DE ENOMPRAS-PERSON NO THAMPRE DE L'ATE CHASTERNE

### RTAZG 40 STADINTED

BUREAU V. S.

BZEL ES NAC

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be rera **ATTENDING PHYSICI** 

VS A15C 1-55 10M

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00607

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### CEPTIFICATE OF DEATH

		11 01 017	Reg. D	ist. No. 166
Item 9. FilmG192 2-7-56 et		2 Hellal preint	NCE (HOME) OF DECEA	
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COUNTY GATTOTT  CITY (It outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	SIMIE	COUNTY	nongañ/A
OR and give naarest town)	2 (in this place)	OR	orate fimits, write RURAL and give	naarest town)
x rownOakland	Z ALP.		antown	85 X - 3
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giva locati	on)
go street ADDRESSWeek's Nursing H	ome	429 Pa	rk St.	✓ ×
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) James Frede	rick	Fulton	DEATH Jan	25. 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRI	ED, 8. D	ATE OF BIRTH		IDER 1 YEAR   IF UNDER 24 HRS.
Male White Wigowed	ed 8/	12/1870	85 86 yrs. Monti	hs Days Hours Min.
	D OF BUSINESS	11. BIRTHPLACE (State or fore		1 12. CITIZEN OF WHAT
done during most of working life, even If OR refired) Harmer	INDUSTRY	Patterson, 1	Missouri	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		U.S.A.
Horatio Thompson Fulton			n Long Rowlan	d
	. SOCIAL SECURITY N		100	Park St.
(Yes, no, or unk.) (If Yas, give war or datas of servica)	. JOCIAL SECOKITI IV	_	Fulton, Morg	
MO.		-	rur con, more	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL	CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1/50. IMMEDIATE CAUSE (A) Seni	le Degener	ation		
	1:1 A			
DISEASES OR CONDITIONS, IF ANY, (B)	eranzed A	rteriosclerisis		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OF CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY? YES NO X
218. ACCIDENT WAS UNDERLYING   216. PLACE (Home	, farm, fectory,	21c. WHERE DID INJURY OCCU	JR? (City or town) (0	County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	ffice bldg., etc.)			(01010)
	INJURY OCCURRED	21f. HOW DID INJURY OCC	JR?	
M, at w				
22. I hereby certify that I attended the decea	sed from	24 19 56 to Ja	n. 25, 19.56, the	at I last saw the deceased
alive on Jan 24, 19 56 , and		5:35P	, 17, 1110	in I last saw the deceased
SIGNATURE	That death occurr	ADD	RESS (Streat, city, town, steta)	DATE SIGNED
7. 1 / numar m	M.D.		Oakland, Md.	1/26/56
23 BURIAL, CREMATION, DATE HEREOF	NAME OF CEMETER		LOCATION (City, town, or co	unty) (Stata)
(REMOVAL (SPECIFY) 1/28/1956	Coldwate	r	Coldwater	Mo.

25. FUNERAL DIRECTOR'S SIGNATURE

Oakland,

Md.

MARYLAND STAYE ORNARTMENT OF HEALTH-BARTIMONE, 18

### DEPTHICATE OF DEATH

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. THE WEST CELL

BUREAU V. E.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

619

### CERTIFICATE OF DEATH

	Item 9, FilmG192 2-1-56 et			Keg. L	rist. No	***************************************
	1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEA	SED	
	COUNTY GARRETT	MARYLAND	STATE MARYLAN	D COUNTY G	ARRETT	
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY , (In this place)	CITY (If outside corpora OR	te limits, write RURAL and give	nearest town)	
	X TOWN OAKLAND	Hr. 10 Min	*******	RK, MARYLAND		
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give focati	ion)	1
	O STREET ADDRESS GARRETT COUNTY MEMORI	LAL HOSPITAL	ADDRESS			
	3. NAME OF (First) (Mid	dle)	(Last)	4. DATE (Month)	(Dey)	(Yeer)
	(Type or Print) ANNA ALBI	ERTA	GARRETT		ARY 16	19 56
	S. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE OF	F BIRTH 9.			IF UNDER 24 HRS.
	FEMALE WHITE (Specify) WIDOV	VED 2-10-	-1870	\$6 85 yrs. Month		Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INE		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN	
/	retired) HOUSEWIFE		MARYLAND		U.S.A	•
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	RICHARD T. BROWNING		HARRIETT T	WIGG	13904	
		OCIAL SECURITY NO.	17. INFORMANT & AD	DDRESS		
0	(Yes, no, or unk.) (If Yes, give wer or detes of service)			BROWNING (S	ISTER)	
THE WAY OF	ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C)	wosch	roses			
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. YES	AUTOPSY?
	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, for OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCUR?	(City or town)	County)	(State)
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJ While M. at work	URY OCCURRED Not while at work	216. HOW DID INJURY OCCUR?	1		
VS A15C 1-55 10M	signature & Manuel		5.55 PM, from the ca	uses and on the date s  (Street city, town, state)  LOCATION (City, town, or co	tated above	
S/		owan	25 FUNERAL DIRECTOR'S SI	11	1/2	ADDRESS

BY TROUBLAND SALES OF HEVER REPORT OF STATES O

### CERTIFICATE OF DEATH

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### CERTIFICATE OF DEATH

Reg. Dist. No. / 6 6

	Trent III. FIIMGIAS T-31-20 er		La Hellal mesibeno	E (HOME) OF DECEM	GFD			
B	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY Garrett	MARYLAND	STATE Marylan	d county Gar				
9	CITY (If outside corporate limits, write RURAL OR and give negrest town)	LENGTH OF STAY (in this place)	CITY (It outside corporat	e limits, write RURAL and give	e neerest town)			
	OR and give neerest town) TOWN Oakland	8 Mo.	TOWN Accid	ent	X			
	HOSPITAL OR		STREET	(If rural give loce	tion)			
	10 INSTITUTION OR STREET ADDRESS Evans Nursing Ho:	me	ADDRESS					
		iddle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)			
	(Type or Print) Anna El	izabeth	Glass	DEATH Janu	uary 14, 19 56			
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO		PF BIRTH 9.		NDER 1 YEAR   IF UNDER 24 HRS.			
	Female White (Spacify) Wid	owed Feb.	2, 1863	92 yrs. Mont	ths Deys Hours Min.			
		OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT			
1	done during most of working life, even if retired) House Wife Own	Home	Maryland		U.S.A.			
1	13. FATHER'S NAME		1 14. MOTHER'S MAIDEN NA	AME				
	Edward Margroff		Catheri	ne Klotz				
		SOCIAL SECURITY NO.	17. INFORMANT & AD					
1	(Yes, no, or unk.) (If Yas, giva war or detes of service)		Chris Gla	ee Accide	ent, Md.			
O	no	18. MEDICAL CERTIFICATION						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
3	450 O IMMEDIATE CAUSE (A)	Frenchio	heen one a		2 Layer			
	ANTECEDENT CAUSE(S) DUE TO	2 - 6						
	DISEASES OR CONDITIONS, IF ANY, (B)	leur 3cle	sono					
	STATING UNDERLYING CAUSE LAST. DUE TO							
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
	198. DATE OF OPERATION   196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?			
0					YES NO			
	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, off		21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (Stata)			
		NJURY OCCURRED Not while	21f. HOW DID INJURY OCCUR					
	M. at wor	k at work		1	1/4			
	22. I hereby certify that I attended the deceased from 12 July 19.65, to 14 Jan 19.56, that I last saw the deceased							
	alive on 23/Most, 19.5.5, and that death occurred an OOP.M, from the causes and on the date stated above.							
×	SIGNATURE		ADDR	ESS (Street wity, town, stet	a) DATE SIGNED			
2 10M	les Mano	M.D.	Doellan	of Med	15 tanto			
1-5	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or o	county) (State)			
A15C 1-55	REMOVAL (SPECIFY) Burial 1/17/1956	St. Pault	s Cemetery	Accident,	Md.			
V5 A	24. REC'D BY REGISTRAR / REGISTRAR'S SIGNATURE	y. laul.	25. FUNERAL DIRECTOR'S S		ADDRESS			
>	1/16/56 100	Krugny	Harkath		_Oakland, Md.			
	DATE / DE JULIAN CO	V/	1 TOWNER C.	1				

START AND STATE OFFICE OF MINISTER OF ALTERIOR STATE

### CERTIFICATE OF DEATH

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0.0610

### 621 CERTIFICATE OF DEATH

Reg. Dist. No. / 6 6

I. PLACE OF BEATH		Z. OSOAL RESIDEIR	A	
COUNTY & LOWER	MARYLAND	STATE MARU	land COUNTY All	2 JANY
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te limits, write RURAL end give neer	est town)
OR end give rearest town	(in this plece)	OR TOWN	1 1 -1	A J 01
V Carrette A	1 2/1/60	Cui	nber/ANO	07.02
HOSPITAL OR INSTITUTION OR	- 1/	STREET ADDRESS	(If rurel give location)	
STREET ADDRESS TO THE LAND MUCH	sing Home	ADDRESS		
3, NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
DECEASED /	/	D.WEC	OF A	2 17
(Type or Print) GEORGE EC	IW ARC	HH111-1->	DEATH COM	3 19 3 6
5. SEX 6. COLOR OR 7. SINGLE, MARI		BIRTH 9.	AGE lest birthday   IF UNDER	
RAGE WIDOWED, D (Specily)	Applied Tune	1.1875	80 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b. KI	IND OF BUSINESS 11	1. BIRTHPLACE (State or foreign	country)   12.	CITIZEN OF WHAT
done during most of working life, even if	R INDUSTRY	2 (		COUNTRY?
retired) LABORER FAC	zms+K.A.K	reen open	- VAlley, W. VA	4.5.9
13. FATHER'S NAME		14. MOTHER'S MAIDEN M	AME /	
The 101 Haines		SARAH (	2. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.	17. INFORMANT & AD		to Kd
(Yes, no, or unk.) (If Yes, give wer or detes of service)	o. SOCIAL SECORITY NO.	17. INFORMATIN & AL	P. J. J.	one !
No	NONE	U. M. E.1	1. Cumber 11	
T DISTANCE OF COMPITIONS DIFFCTLY IS ADINO TO SECTION	18. MEDICAL CERT	IFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH	0	10000.		CINSEL AND DEATH
IMMEDIATE CAUSE (A)	3 renar	y becco	caron	10 ms,
ANTECEDENT CAUSE(S) DUE TO	1 1 0	11		
DISEASES OF CONDITIONS IF ANY IN	TUT. C.	VIN.		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
STATING CHOSE EAST.	1			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11 1			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	could			1 10 1 10 10 10 10 10 10 10 10 10 10 10
19e. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
11 me				YES NO THE
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Hor	me, ferm, factory,   21c	. WHERE DID INJURY OCCUR?	(City or town) (Count	ty) (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bidg., etc.)			
	NJURY OCCURRED 21	If. HOW DID INJURY OCCUR		
W	hile Not while			
M.   ef	work L et work L	1 f 1	~	
22. I hereby certify that I attended the dece	eased from	, 19 0, to	5, 192 Gthat I	last saw the deceased
afive on / - 2 , 19 5 6, and	d that death occurred at	M. from the ca	uses and on the date stated	d above
SIGNATURE			ESS (Street, city, town, stete)	DATE SIGNED
Hanna a Ci	sto.	Walk	and Ma	0 1/2/17
23. BURIAL CREMATION.   DATE THEREOF	M.D.	DEMATORY	LOCATION (City, town, or county)	(Stete)
REMOVAL (SPECIFY)	THATE OF CEMETERS OF C	ALMATORT .	Control (City, John, or County)	(31010)
BURIAL JAN. 6, 1950	E Forest Elen	neth Lem.	EVERNS DRING	W. VA
24. REC'D BY REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S S		ADDRESS
Jan 5/5/ Julia ()	Youran hot	Tobol TII	A Cumber	land m1
DATE / 5 G TULES CY		JOHN J. MA	PER,	100

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	well per and any parties
E LACHER SEATE	The George
	all effects
A CONTRACTOR OF THE PROPERTY O	
530	Mary of Contract and Mary 10 Car and 10 Car
	O D at mit and income.
	245
BUREAU V.	
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9561 6 NAL	Service of the servic

DABINO STATE DEPARTMENT OF HEALTH ORDER IS CHARLES

MARYLAND STATE DEPARTMENT OF NEARTH BALTHEORIE TO CERTIFICATE OF DEATH CORLEGI O PARALLES FOR COMME LANGE CORNICAL FEMALE WHITE POLITICE CAT - 15-18-11 TR WILLIAM MECONNICK SENNIE ROWE BUREAU V. S. DET DI NVE

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00612

623

### CERTIFICATE OF DEATH

Reg. Dist. No. /62

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garretty MARYLAND	STATE Maryland COUNTY Garrett			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this place)	CITY (It outside corporate limits, write RURAL and give neerest town) OR			
X TOWN RFD 2. Frostburg. 6 Yrs.	TOWN RFD 2. Frostburg			
HOSPITAL OR	STREET (If rure) give location)			
INSTITUTION OR STREET ADDRESS	ADDRESS			
3. NAME OF (First) (Middla) DECEASED	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) William Clarence Pr	eston DEATH Jan. 5th, 19 56			
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,				
Male White Specify Married Sept.	17th, 1898 57 yrs. Months Days Hours Min.			
10e, USUAL OCCUPATION (Give kind of work   1 10b, KIND OF BUSINESS   1	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT			
done during most of working life, even if carpenter Work	Maryland USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
William Preston	Sarah Corfield			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
(Yas, no, or unk.) (If Yas, give wer or deles of service) 220-10-2120	Mrs.Anna E.Preston, RFD 2, F'bg.Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH			
(a) Con on	and of Stoman Dus.			
IMMEDIATE CAUSE (A)	var y sie macer 2 ye			
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
2fa. ACCIDENT WAS UNDERLYING □ 21b. PLACE (Home, ferm, factory, 21	YES NO L  1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY streat, office bidg., etc.)	ic. White Did NOOK! (City of lown) (County) (Siero)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while	P. HOW DID INJURY OCCUR?			
M. et work et work				
22. I hereby certify that I attended the deceased from	19 5 5, to 1-5, that I last saw the deceased			
alive on	P.iM, from the causes and on the date stated above.			
SIGNATURE // A A A	ADDRESS (Straet, city, town, state) DATE SIGNED			
X.C. Quell M.D.	trost benging, 16/16			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C				
Burial 1 - 8 - 56 F'bg. Memori	ial Park Frostburg, Md.			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE 1/6/56 Ethe Broadwater	Joseph R. Durst, Frostburg, Md.			

MARYLAND STATE DEPARTMENT OF HEALTH-HALTIMORE, IS

### CERTIFICATE OF DEATH

BUREAU V. S.

THE LES DESCRIPTION OF SECTION

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ATTENDING PHYSICI

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

625

### CERTIFICATE OF DEATH

		1	6	6
Reg.	Dist.	No	0	

	1. PLACE OF/DEATH	. USUAL RESIDENCE (HOME) OF DECEASE	
	COUNTY JANO MARYLAND	STATE THE COUNTY	ale
	CITY (If outside corporate limits, write RURAL / LENGTH OF STAY	CITY (II outside corporate Amits, write RUBAL and give new	rest town)
	OR end give neerest down) TOWN  OR in this place)  In this place)	TOWN Wasternhant	01-43.3
	HOSPITAL OR	STREET Mr rurel give location)	1
	STREET ADDRESS Dave: Co. Frum Hora	ADDRESS Main ett. Eller	eled V
		ost) 4. DATE (Month)	(Dey) (Year)
	(Type or Print)	SCHWARDER DEATH JAN	2 1956
	5. SEX 6. COLOB-QR 7. SINGLE, MARRIED, 8. DATE OF BIL	RTH 9. AGE last birthday IF UNDER	1 YEAR   IF UNDER 24 HRS.
	male white (Spacify) Single Pula 3	-/878 . 7 Tyrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	BIRTHPLACE (State or foreign country)   12	
1	ratired)	Woodless hont - mel	COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	70
	(A. TH. C)	90 mil Hall :	
	uninom chiranaly	meresa Tishu	
	15. WAS DECEASED EVER IN U. S. AKMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS	
0	3/19		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH	ICATION	INTERVAL BETWEEN ONSET AND DEATH
	420./ IMMEDIATE CAUSE (A) Corciary	Thrombos	30.brs
	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (B)	J	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		THE RESERVE
4	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
U	none		YES NO
	21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)	WHERE DID INJURY OCCUR? (City or town) (Coun	ty) (State)
		HOW DID INJURY OCCUR?	
	M. at work at work		
	22. I hereby certify that I attended the deceased from N.C.V.	1955, to 1 - 2 , 1956, that I	last saw the deceased
	alive on 1 - 2 , 19 56 , and that death occurred at 8		
10M		ADDRESS (Streat, vity, town, state)	DATE SIGNED
		Caleland his	1-2-17
1.55	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREATERY	MATORY   LOCATION City, lown, or county	(Stete)
A15C	REMOVAL (SPECIFY)	1. Pa . / 1/25-1/2	nt rid
		went wencery	4, 1114
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS TO
	DATE 17/5 C frelia ( ) owsnith	PAMON-Western	nou mus

MARYLLIND STATE DEVARTMENT OF HEATHL-BALTIMORE, 19

### CERTIFICATE OF DEATH

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### CERTIFICATE OF DEATH

624

Reg. Dist. No.

1. PLACE OF DEATH	E-E-TA-T	2. USUAL RESIDENCE	E (HOME) OF DECEA	SED
COUNTY Garrett	ARYLAND	STATE Marylan	d county Ga	rrett
CITY (II outsida corporate limits, write RURAL   LENC	STH OF STAY	CITY (If outside corpora	te limits, write RURAL end give	e neerest town)
	this pleca)  Trs.	TOWNRural	Oakland,	*
HOSPITAL OR HOME Of Thomas Sper	icer	STREET	(Il rural giva loce	tion)
institution or street address 6 Mi. W. Oakland, I	Ad.	ADDRESS 6 Mi.	West Oaklar	
3. NAME OF (First) (Middle) DECEASED		(Lest)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) Ida Belle		Spencer	DEATH Jan.	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) WIOWE	ed July	16, 1868 9.	AGE lest birthday IF U Mont	NDER 1 YEAR   IF UNDER 24 HRS
10s. USUAL OCCUPATION (Give kind of work done-during most of working life, even if refired OUS WII 9		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Elza W. Thomas		Ella Nutte	r	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yasangoor unk.) (II Yas, give wer or dates of service)	AL SECURITY NO.	Thomas Spe		and, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		-1 -		16 Acres
4 3. IMMEDIATE CAUSE (A)	1410.21	tretreves ion		1 6 76, 30 3
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  DISEASES OR CONDITIONS, IF ANY,  OR TO THE ANY CAUSE	1-i 11	Tretaretion	13ENLE	Tenns
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	c-12-5	1007		YEARS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPER	RATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bid (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY Whila M. at work	Not white at work	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from	om 9 30	19.55, to 10	· (C, 19 5), th	at I last saw the deceased
alive on 10-10, 19 55, and that d	eath occurred at	& AM, from the ca	uses and on the date :	stated above.
DIGNATURE		ADDR	ESS (Street, city, town, stete	DATE SIGNE
23. BURIAL, CREMATION,   DATE THEREOF   NAM	M.D.	CREMATORY I	LOCATION (City, town, or co	ounty) (State)
REMOVAL (SPECIFY)	MATERIAL PROPERTY.	Cemetery	Tucker Co.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	. 50. 201	25. FUNERAL DIRECTOR'S S	GNATURE / 3/1	ADDRESS
DATE 14 56 Julia VITOR	L.O	Markosta	Noustte &	akland, Md.

THE STREET AND STATE DEPARTMENT OF HEALTH-CALTHMONE, 12

### CERTIFICATE OF DEATH

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### INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### CERTIFICATE OF DEATH

		006,15
Reg.	Dist.	No. / 66

1. PLACE	OF DEATH				2. USUAL RE	SIDENCE (HOME) OF	ECEASED	
COUNTY	GARRETT		MARYL	AND	STATE W.	VA COUNTY	PREST	ON
	outside corporate limit:	s, write RURAL	LENGTH O		CITY (It outsi	ide corporate limits, write RURAL	and give neerest t	lown)
X TOWN	OA KLAND		3Hrs			ERRA ALTA.	8.	5 X _ 3
HOSPITAL	OR		1 22.00	de distante	STREET		Iva location)	
70 STREET AD	DRESS GARRET	T COUNTY	MEMORIAL H	OSPITAL	ADDRESS	RURAL ROUTE #	),	
3. NAME O	F (Fir		(Middle)		(Last)	4. DATE (M	. 4	ey) (Yeer)
DECEAS (Type or Pri	ED	A	MURIEL.	CI		OF DEATH 7	0	20
5. SEX	I 6. COLOR OR		MARRIED,	I 8. DATE OF	PAHL,	9. AGE lest birthdey	8 I IF UNDER 1 YE	
J. JLA	RACE	WIDOW	VED. DIVORCED.	o. DAIL OI	DIKTIT		all the same of th	ays Hours   Min.
FEMALE	WHIT	E (Specify	MARRIED	3-4-0		50 yrs.	11	
	CUPATION (Give king most of working life		Ob. KIND OF BUSINES OR INDUSTRY	is i	1. BIRTHPLACE (Stet	e or foreign country)		CITIZEN OF WHAT
relired)	HOUSEW	IFE			WEST VIR	CINTA		II.S.A.
13. FATHER'S	MAME				14. MOTHER'S A	MAIDEN NAME		
BURTT	E FLOYD S	ANDERS			ATTECHA	FTTCHETT		
	ASED EVER IN U. S.		16. SOCIAL SEC	URITY NO.		ANT & ADDRESS		
(Yes, no, or unk	.) (If Yes, give wer	r or detes of service)			1.00	A TIM OFFICE	orem 1 m	7070 10 A . W.CO A
			18. MF	DICAL CERT		A LEE STAHL R	OUTE LT	ERRA ATTA
I DISEASES O	R CONDITIONS DIREC	CTLY LEADING TO	DEATH		101	1 -	1	ONSET AND DEATH
170 X	IMMEDIATE CAUSE	(A)	(arcu	coera	7 87	brast W.	12	
A	NTECEDENT CAUSE(S	DUE TO	0.	0	1			10
			Mul	aslad	is.			10 mos
STATING UND	CONDITIONS, IF AI O THE ABOVE CAI ERLYING CAUSE LA	ST. DUE TO						
		(C)						
	IFICANT CONDITIONS TH BUT NOT RELATED							
	CONDITION CAUSIN							20 AUTORCY3
19e. DATE OF	OPERATION	196. MAJOR FIN	IDINGS OF OPERATION	N				20. AUTOPSY?
21a. ACCIDENT	WAS UNDERLYING	□ I 21b. PLAC	E (Home, ferm, factor	y. 1 21	c. WHERE DID INJUR	Y OCCUR? (City or lown)	(County)	(State)
OR CONTRIBUTI	NG CAUSE OF DEA	ATH OF INJURY	street, office bldg., etc					
	NJURY (Month) (D				IF. HOW DID INJUR	Y OCCUR?		
		M.		work				
00 11				uno 73	10/10	Jan. 8, 1956	Abot I los	a annual de de la constant
	- 11.	17						
alive or		, 190,	., and that death	occurred at	L:UUPM, from	n the causes and on the		DATÉ SIGNES
SIGNA (	5011.				10- 4	-land and	, 51010)	0 11
23. BURIAL, C	PEMANON	DATE THEREOF	I NAME OF	M.D.	Can	LOCATION (City, to	wa or county)	(Stete)
REMOVAL		I HEREOF	NAME OF	CEMETER! OR	KUMATOKI	LOCATION (City, 10	wii, or county)	(Siete)
Bure	ecl	111/50	0 116	12916			cosel a	were
24. REC'D BY	REGISTRAR	REGISTRAR'S SIGI	ATURE	SPR	25. FUNERAL DIRE	CTOR'S SIGNATURE	ADD	DRESS
DATE / /	5 6	Julia!	11000	0 1 1	1.7.1	Juning		
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## TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. OR HOSPITAL: The law requires that the death certifical

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Garrett MARYLAND	STATE The COUNTY Morrox gerlia
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (if outside corporate fimits, write RURAL and give nearest to(n)
X TOWN Frenchwills Me 3 yrs	TOWN Margauloux
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS / COLL	Veruen It
3. NAME OF (First) (Middle) DECEASED C.	(Lest) 4. DATE (Month) (Day) (Year)
	NhuRG DEATH / - 24 - 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, PIVORCED,	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	21-18/3 80 yrs.
dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John That what he	Parent of the State of the Stat
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 BOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give wer or detes of service)	4 Mrs James Frant - Freederice med
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Paralyzed ONSET AND DEATH
260 X IMMEDIATE CAUSE (A) LEPED PAI	Thoplexy (Right 36 nrs.
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  OUT TO DIABETES	Mellitus - 6 Months
STATING UNDERLYING CAUSE LAST. DUE TO  (C)  CAUGE LAST. (C)	ene - Right Foot Zweeks.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rie Arthritis.
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO Z
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from No.V.	1, 19.55, to Jan 24, 1956, that I last saw the deceased
alive on 23, 19.56, and that death occurred a	
SIGNATURE (D) . S. P. MS	ADDRESS (Street, city, town, stata) DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, lown, or county) (State)
REMOVAL (SPECIFY)	and the man of the
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. NERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Jam, 26 456 mrs Reits Frants	IStRodakanes Markleyology Ja
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MARY PROSTATE OFFICATE OF RIALTH CALTIMORE, TO

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

			1	/	
	Dist.		/	6	
eq.	Dist.	No.			

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY GARRETT MARYLAND	STATE MID COUNTY (FAIRRETT
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
OR end give neerest town) TOWN (in this place)	OR TOWN AND AND
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yaar)
(Typa or Print)	OF DEATH TANK
ADELIA IGWERS	VVEST DAIV 10 1936
RACE WIDOWED, DIVORCED,	BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
FEMALE WHITE (Specify) WIDOWED JAN	-9-1862 94 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
retired) HOUSE WIFE	CAKLAND MD US.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MILLIAM TOWERS	REBECCE TOTTEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yes, give war or datas of servica)	Estimate of Estimate of the state of the sta
18. MEDICAL CERT	IFFIZADETH WEST. CARLAND MID
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
45010 IMMEDIATE CAUSE (A) ARTERIOS	CLEROSIS 5501
Dur To	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,   21	YES NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, ferm, fectory, OF INJURY streat, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED 2	If. HOW DID INJURY OCCUR?
M. at work Not while	
22. I hereby certify that I attended the deceased from the	19 45, to 19 that I last saw the deceased
	1115
alive on 19.0, and that death occurred at.	ADDRESS (Street, city, town, stote)  DATE SIGNED
27. 1 Saum for mer M.D.	Daklewom 1/12/67
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	CEMPTERN CAKLOND M.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 13/56 Julia (1 Koroon 61	Emrey Bolden CAKLAND MD

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INSTRUCTIONS

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### CERTIFICATE OF DEATH

Reg. Dist. No. 172

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY GARRETT MARYLAND	STATE MARYIAND COUNTY GARRETT					
	CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN KITZMILLER  CITY (If outside corporate limits, write RURAL LENGTH OF STAY 3 (ia this piece)	CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN KITZMILLER					
	HOSPITAL OR INSTITUTION OR STREET STREET	STREET (If rurel give location) ADDRESS SPRING STREET					
	3. NAME OF (First) (Middle)  DECEASED (Type or Print) SARAH - YENC	(Lest)  4. DATE (Month) (Dey) (Year)  OF JAN. 12, 1956					
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O PREMALE WHITE MARRIED AUG.	F BIRTH  9. AGE lest birthdey  15, 1886  9. AGE lest birthdey  Yrs. IF UNDER 1 YEAR  Months Days Hours Min.					
2	10e. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if retired) HOUSEWOIL OWN HOME	11. BIRTHPLACE (State or foreign country)  LITHUANIA  12. CITIZEN OF WHAT  LITHUANIA					
	13. FATHER'S NAME CARL DZONSKY	14. MOTHER'S MAIDEN NAME UNKNOWN					
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no outline) (If Yes, give war or dates of service)	MRS. MARY POVISH, KITZMILLER, Md.					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  19. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  19. MEDICAL CERTIFICATION						
	ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO						
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO					
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory, OR CONTRIBUTING 2AUSE OF DEATH OF INJURY streat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
	21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While Not while et work e						
5 10M	alive on the course of the cou	19.50, to 19.50, that I last saw the deceased 3:45AM, from the causes and on the date stated above.  ADDRESS (Street, city town, stele)  DATE SIGNED					
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPICIFY)  BURTAI.  DATE THEREOF NAME OF CEMETERY OR Kalbaugh Co						
YS	DATE Jan 14-56 away	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Other Follows Blaine, W. VE					

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